Statement of Prior Federal Service

(PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS FORM)

Privacy Act Statement

Section 6303 of 5 U.S.C., "Annual Leave Accrual" authorizes Federal agencies or Congressional or Judicial Offices in order to collection of information to determine and record service that may be creditable for accrual of annual leave. Part 351.503, 5 license, grant, or other benefit. It may also be disclosed to a C.F.R., "Length of Service," authorizes collection of data to determine and record service that may be creditable for reduction-in-force retention purposes.

Information about prior Federal civilian and military service is collected and maintained in your Official Personnel Folder (OPF). The information you furnish may be disclosed to other

verify it or in connection with your application for a job, national, state, or local law enforcement agency where there is indication of a violation or potential violation of civil or criminal law or regulation, or to another Federal agency or court when the Government is party to a suit.

Furnishing this information is voluntary; however, failure to do so may result in your not receiving credit for prior Federal service.

1. What Is Needed To Verify Prior Service

In order for your employing agency to credit your prior Federal service for benefits, such as leave accrual and reduction-in force retention, the dates of your active uniformed service and the type(s) of appointment(s) and dates of civilian service must be verified. Dates of active uniformed service are verified from the records issued by the branch of service in which you served. Dates and types of appointments to civilian positions are usually verified from Notifications of Personnel Action (Standard Form 50 or CSC- or OMP- approved exceptions thereto), and payroll records (including records of deductions made under the Civil Service Retirement System - Standard Form 2806, or the Federal Employees Retirement System - Standard Form 3100). The information on the application you submitted for the appointment you are receiving, along with the information on page 3 of this form, will be used by your agency to identify the Federal employers and periods of employment for which records must be obtained to verify the prior service.

When Notification of Personnel Action or payroll records cannot be located to verify a period of service, and the service was covered by Social Security, a detailed statement of earnings information (showing periods of employment and the name of the employer) from the Social Security Administration will be accepted as proof of service.

If no personnel, payroll, or Social Security records can be located, then your agency can accept secondary evidence of civilian employment, as explained below. When the secondary evidence you submit includes your affidavit regarding one or 2, and 3, above more periods of service, that affidavit should be made on page affidavits only; 2 of this form.

II. Use Of Secondary Evidence To Verify Federal Service Secondary evidence may be considered as proof of Federal civilian service only when official Government records are lost, destroyed, or incomplete. Necessarily, the burden of proof is on the person claiming service that is not supported by official records in the custody of the U.S. Government. If you decide to claim credit for a period of service by submitting secondary evidence, it is important that you submit all documents in your possession that tend to prove you performed the service claimed, and that the service, if performed, was creditable for leave accrual and reduction-in-force purposes. **No credit** can be allowed for any service that is **not substantiated** by valid and conclusive secondary evidence. The follow applicable only if you are providing secondary evidence. The following is

- A. Documentary Evidence: Submit as many as possible of the documents listed in item 1 below. If your agency finds that these documents are insufficient to determine creditability, the documents listed in items 2 and 3 may be considered, but less weight will be given to such evidence.
 - 1. Copies of official documents or letters about the service. These may be notices of appointment/ separation; notices of changes in position/salary, organization, or headquarters; travel orders; payroll cards; ID's, etc.
 - Private records such as a diary, correspondence, copies 2. of income tax returns, employment applica- tions, credit applications, etc., that mention the Federal employer and the claimed service. Private records must have been made during or shortly after the period of service.
 - Any other documentary evidence tending to prove the 3. service was actually performed and the starting and ending dates of the service.
- B. Affidavit Evidence: If you are not able to supply copies of official documents (as described in item 1 above) that are sufficient for your agency to make a determination of creditability, you must submit affidavits from yourself and at least two other persons (preferably your supervisors) who know the facts. If you can obtain no documentary evidence (items 1, 2, and 3, above) to support your claim, you may submit these affidavits only; **however**, your claim is more likely to be rejected without supporting documents. The required affidavits
 - The employee, stating as many of the details on the -- affidavit form on page 2 as can accurately be remembered.
 - At least two persons knowing the facts. Each person should show that he or she is in a position to know the facts sworn to, and give his or her age and mailing address.

Affidavits must be sworn to or affirmed before a notary public or other officer who is authorized by law to administer oaths.

C. Warning: Any submission may be investigated. Intentional false statements, willful concealments, or using documents you know are false, fictitious, or fraudulent is punishable by fine/imprisonment. (18 U.S.C. 1001).

EMPLOYEE AFFIDAVIT SUBMITTED TO SUPPORT CLAIM FOR CREDIT FOR PRIOR FEDERAL CIVILIAN SERVICE

1. Name of Employee (Last, First, Middle)		2. Birthdate (Month, Day, Year)						
3. Title of Position Held		4. Dates of Service (Month, Day,	l (ear)						
3. Title of Fosition field		Beginning	Ending						
5. Name of Employing Agency		Location of Employment (City as							
7. Pay Plan and Grade at Which Employed	d (e.g., GS-5, WG-8)	8. Reason for Leaving							
9. Salary Rates									
 Funds From Which Salary Was Paid, Appropriated, Trust Fund, etc.) 	f Known (Appropriated, Non-								
11. Names And Current Ma	iling Addresses Of Persons Who	I o Have Knowledge Of Your Employme	ent During This Period						
A Name (First, Middle, Last)		Organizational Relationship to Emplo (e.g. immediate supervisor)	Organizational Relationship to Employee During Period of Employment (e.g. immediate supervisor)						
Address (Street Number, City, State, ZIP (Code)	1							
B Name (First, Middle, Last)		Organizational Relationship to Emplo	ovee During Period of Employment						
Name (First, Middle, Last)		(e.g. immediate supervisor)	good burning Fortour of Employment						
Address (Street Number, City, State, ZIP (<i>Sode)</i>								
C Name (First, Middle, Last)		Organizational Relationship to Employee During Period of Employment (e.g. immediate supervisor)							
Address (Street Number, City, State, ZIP of	Code)								
D Name (First, Middle, Last)		Organizational Relationship to Employee During Period of Employment (e.g. immediate supervisor)							
Address (Street Number, City, State, ZIP (Code)	1							
TO BE EXECUTED BEFO	RE A NOTARY PUBLIC OR ANY	Y OTHER PERSON AUTHORIZED TO A	ADMINISTER OATHS						
I swear (or affirm) that the above statements are true to the best of my knowledge and belief.	Signature of Employee		Date (Month, Day, Year)						
	Subscribed and sworn (or affi day of	19 at							
SEAL	`	1onth)	(City and State)						
	Signature		Expiration date of Commission if the oath is taken by a Notary Public.						

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PART I - TO BE COMPLETED BY EMPLOYEE										
Name (Last, First, Middle Initial)						2. Birthdate (Month, Day, Year)				
3. Does the application that you submitted, for the position to who being appointed, list all of your Federal government civilian and the state of t	d uniformed			YES (If "YES", check this block and then skip to item 8.)					item 8.)	
service, including beginning and ending dates, as well as the ty appointment and work schedule for civilian service?	ype oi			NO (NO (If "NO", check this block and complete items 4-8.)					
4. List below your prior civilian service (Include service with the	D.C. (Governr	nent c	n app	oointme	nts ma	de before Octo	ober 1, 1987).		
Name and Location of Agency		FROM		ТО		Type of Appointment and Work Schedule				
Name and Education of Agency	Year	Month	Day	Year Month Day		(Full-Time, Part-Time or Intermittent)				
5. During periods of employment shown in Item 4, did you have a than 6 months' absence without pay during any one calendar y					•		t the following information.) o Item 6.)			
Type If Known (L.W.O.P., Furlough, Suspension, A.W.O.L., or		FROM		TO TO		TOTAL				
Place- ment in Nonpay Status From Seasonal or On-Call Employment.)	Year	Month	Day	Year	Month	Day	Years	Months	Days	
List all uniformed service below. (List active service in any brand active service in the commissioned corps of the Public He	alth S	of the A	armed or the	Force	es of th	e Unite	ed States, inclu nd Atmospheric	ding active duty	r as a reserv . Also list	
Merchant Marine service if it interrupted Federal civilian service	ce.)			,						
Branch		FROM		.,	TO		(Honors	Discharge able or Dishonora	ablo)	
	Year	Month	Бау	Year	Month	Day	(Horiore	and di Distribution		
7. Do you claim any type of veteran preference with has not bee	n verif	fied?					nce as the:			
No Yes - (Check one of the statements, if it applies to you.)							sabled veteran. ceased or disab ow/widower of			
CERTIFICATION: The prior Federal civilian and uniformed services employment. I have no other Federal services.							above constitu	ites my entire re	ecord of Fed	
Signature							Date (Month,	Day, Year)		

TO BE COMPLETED BY THE PERSONNEL OFFICE

PART II - DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES (See FPM Chapter 630 and Supplement 296-33, S6.) NOTE: For year below, show only last two numbers; for months show numerical equivalent.

CREDITABLE SERVICE (List only periods that are creditable for leave purposes.)	(A) APPOINTMENT DATE			SEPA	(B) RATION	DATE	NONCREDITABLE SERVICE (Explain noncreditable time listed in Column (A)
	Year	Month	Day	Year	Month	Day	such as "lost time" during military service.)
Entrance on duty date							
Total noncreditable service							
Total of appointment dates	(A)						
Total of separation dates	(B)						
SCD - Leave (A) - (B)							

PART III - DETERMINATION OF CREDITABLE SERVICE AND SERVICE DATE FOR REDUCTION-IN-FORCE PURPOSES Complete only in cases where the amount of creditable service for reduction-in-force purposes differs from the amount creditable for leave purposes (See FPM Supplements 296-33 and 351-1.)

CREDITABLE SERVICE		(A) APPOINTMENT* DATE			(B) RATION	DATE	NONCREDITABLE SERVICE (Explain noncreditable time listed in Column (A),	
	Year	Month	Day	Year	Month	Day	such as "lost time" during military service.)	
SCD - Leave (from Part II) Additional service creditable for RIF only								
Total noncreditable service								
Total of appointment dates	(A)							
Total of separation dates	(B)							
SCD - RIF (A) - (B)*								

'Also known as "Service Date'	
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REMARKS

Name of Person Computing SCD(s)

Date SCD(s) Computed